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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/524,250-Conf. #4662
	Filing Date	October 6, 2005
	First Named Inventor	May GRIFFITH
	Title	BIO-SYNTHETIC MATRIX AND USES THEREOF
	Art Unit	1618
	Examiner Name	E. E. Silverman
	Attorney Docket No.	OHR5-001US

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith.											
OR											
<input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:											
00959											
OR											
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:											
<table border="1"> <thead> <tr> <th>Practitioner(s) Name</th> <th>Registration Number</th> <th>Practitioner(s) Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number				
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number								

Please recognize or change the correspondence address for the above-identified application to:

<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number:					
OR					
<input type="checkbox"/> The address associated with Customer Number:					
OR					
<input type="checkbox"/> Firm or Individual Name	James H. Velema				
Address	LAHIVE & COCKFIELD, LLP				
City	Boston	State	MA	Zip	02109-2127
Country	US	Telephone	(617) 227-7400	Email	lc@lahive.com

I am the:

<input type="checkbox"/> Applicant/Inventor.
OR
<input checked="" type="checkbox"/> Assignee of record of the joint interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Marielle Piche	Date	17-8-09
Name	Marielle Piche	Telephone	613-998-4579
Title and Company	NATIONAL RESEARCH COUNCIL OF CANADA / Secretary General		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/> *Total of	2	forms are submitted.
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